

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13						
14						
15						
16						
17						
18						
19	1					
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30	1					
31						
32						
33						
34						
35						
36						
37	1					
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48	1					
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	1					
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66	1					
67						
68						
69						
70						
71						
72		1				
73						
74						
75						
76						
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81						
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88						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	64	←		←		←
TOTAL CLAIMS	72					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS